

04-24-01

PTO/SB/05 (11/00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	HE0146
First Named Inventor:	Chanh C. Vo et al.
Title:	WIRE TERMINATION DEVICE HAVING TEST CONTACTS ON COVER
Express Mail Label No.	EL 746508875US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	
3. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below) [Total Pages: 18 ] - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets: 5 ]	
5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages: 2 ] <input checked="" type="checkbox"/> Newly executed (original or copy) <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	
6. Application Data Sheet. See 37 CFR 1.76	

## ACCOMPANYING APPLICATION PARTS

9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input checked="" type="checkbox"/> Power of Attorney
11. <input type="checkbox"/> English Translation Document (if applicable)
12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
13. <input type="checkbox"/> Preliminary Amendment
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized)
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. <input type="checkbox"/> Other:

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application No: /
Prior application information:		Examiner:	Group/Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer Number or Bar Code Label here)	or <input type="checkbox"/> Correspondence address below
NAME	021495	
ADDRESS		
CITY	STATE	ZIP CODE
COUNTRY	TELEPHONE	FAX
Name (Print/Type)	Christopher C. Dremann	Registration No. (Attorney/Agent)
Signature		36,504
Date	April 23, 2001	

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**FEE TRANSMITTAL**  
**for FY 2001**

Patent fees are subject to annual revision.

**Complete if Known**

Application Number	
Filing Date	
First Named Inventor	Chanh C. Vo et al.
Examiner's Name	
Group / Art Unit	
Attorney Docket No.	HE0146

**TOTAL AMOUNT OF PAYMENT****\$924.00****METHOD OF PAYMENT (check one)**

- 1.
- ☒
- The Commission is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account No. **19-2167**Deposit Account Name **Corning Cable Systems LLC**

- ☒
- Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
- ☐
- Applicant claims small entity status. See 37 CFR 1.27

2. **Payment Enclosed:**
☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ Other
**FEE CALCULATION**1. **BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	710.00
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	
<b>SUBTOTAL (1):</b>					<b>\$710.00</b>

2. **EXTRA CLAIM FEES**

Total Claims	23	-	20**	=	3	X	18.00	=	54.00
Independent Claims	5	-	3**	=	2	X	80.00	=	160.00
Multiple Dependent									

\*\*or number previously paid, if greater; For Reissues, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	
103	18	203	9	Claims in excess of 20	
102	80	202	40	Independent claims in excess of 3	
104	270	204	135	Multiple dependent claim, if not paid	
109	80	209	40	**Reissue independent claims over original patent	
110	18	210	9	**Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2):</b>					<b>\$214.00</b>

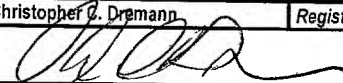
**FEE CALCULATION (continued)**3. **ADDITIONAL FEES**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fees under 37 CFR 1.17(q)	
126	180	126	180	Submission of Info Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify):

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3):****SUBMITTED BY:**

Name (Print/Type)	Christopher G. Drmann	Registration No. (Attorney/Agent)	36,504	Complete (if applicable)	Telephone:	(828) 327-5904
Signature		Date	4/23/01	Deposit Account User ID		

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231